CASE REPORT

A wandering fish bone

V M Patel, R S Barai, P R Thomas

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A unique case is described of an ingested fish bone migrating into the common hepatic duct, without perforation. Most foreign bodies are known to pass through the gastrointestinal tract uneventfully. Sharper objects such as fish bones have been known to cause perforation. This is more common, in countries where fish consumption is considerably higher, such as, south east Asia. However, even in these regions there have been no reports of such a proximal migration.

Most ingested foreign bodies may pass through the gastrointestinal tract uneventfully.[1] Previous surgery may increase the risk of complications after accidental ingestion of foreign bodies.[2] Sharper objects cause perforation,[1] and fish bone perforation is not uncommon in countries that have high fish consumption.[3] We present a case of a fish bone migrating into the common hepatic duct, without perforation. There have been no reports of such a proximal migration, even in south east Asia.

CASE REPORT

A 66 year old woman presented with a one week history of right upper quadrant abdominal pain. On examination she had a tachycardia and right hypochondrial tenderness. Blood tests showed a leucocytosis with normal amylase and liver function tests, radiographs were unremarkable. A diagnosis of acute cholecystitis was made and confirmed by ultrasound scan, which showed no biliary duct dilatation. The patient recovered with conservative management, before being discharged.

She was readmitted for an elective open cholecystectomy. At operation a fish bone (fig 1) was found embedded in fibrous tissue at the junction of the cystic and common bile duct. This was retrieved and the gall bladder removed for histological examination. The patient made an uneventful recovery.

COMMENT

Injuries of the biliary ducts caused by migration of foreign bodies can be hard to diagnose[4] and are comparatively uncommon. The patient offered no relevant history and the fish bone was not visualised by conventional imaging investigations. When the cause of symptoms is inconclusive, computed tomography may provide a preoperative diagnosis.[5] In the absence of radiographic pointers, diagnostic laparoscopy may give the answer.[4]

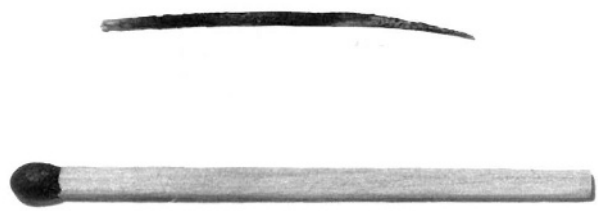

Figure 1 Fish bone found embedded in fibrous tissue.

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Authors' affiliations

V M Patel, St Thomas's Hospital, London, UK
R S Barai, Royal Free and University College London Medical School, London, UK
P R Thomas, Epsom and St Helier Hospital, Surrey, UK

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Correspondence to: Mr R S Barai, 39 Erskine Road, Sutton, Surrey SM1 3AT, UK; rishibarai@hotmail.com

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